

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jason C. Blue
 c/o Flora Police Dept.
 22654 Wall Ave.
 Flora, Alabama
 36461

2. Article Num

(Transfer from)

7005 0390 0000 5263 4639

PS Form 3811, February 2004

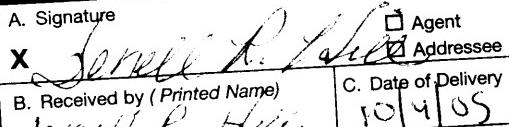
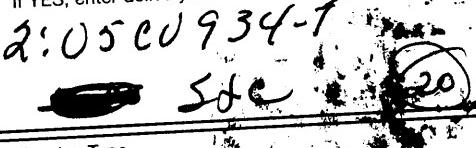
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

FILED 05/05/2005

Page 1 of 3

A. Signature		<input type="checkbox"/> Agent
		<input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
Jennifer R. Price	10/4/05	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
		
3. Service Type		
<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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1. Article Addressed to:

B. H. Shaw
 % Off Police Dept.
 106 North Main St.
 Off. Alabama 36467

2. Article Number

(Transfer from se

2011 February 2004

7005 0390 0000 5263 4622

Domestic Return Receipt

102595-02-M-1540

A. Signature <i>J. W. Marshall</i>	B. Received by (Printed Name) J. W. Marshall	C. Date of Delivery 10-4-05
D. Is delivery address different from item 1? If YES, enter delivery address below: Off. 05CV 934-T		
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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1. Article Addressed to:

David Howell
 % OPP Police Dept
 106 West Main Street
 OPP, AL 36467

A. Signature

X David Howell

Agent
 Addressee

B. Received by (Printed Name)

J. W. S. m. TIP

C. Date of Delivery

10-4-05

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

2050934-7
 JRC

(20)

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Num

(Transfer f

7005 0390 0000 5263 4646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540